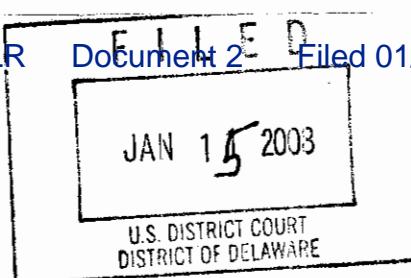


(Rev. 5/05)



**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) William Hartman E 231787  
(Name of Plaintiff) (Inmate Number)  
P.O. Box 500 Georgetown,  
DELAWARE, 19947  
(Complete Address with zip code)

08-030

(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)  
(Complete Address with zip code)

(Case Number)  
(to be assigned by U.S. District Court)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) Correctional MEDICAL SERVICES  
(2) Jill Mosser  
(3) MEDICATION Reordering Nurse #1 JANE Doe  
(Names of Defendants)

**CIVIL COMPLAINT**

• • Jury Trial Requested

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

NONE

N | R

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

ADDITIONAL DEFENDANTS

(4) MEDICATION Reordering NURSE, HEATHER, LAST NAME UNKNOWN.  
Medical would NOT Disclose NAMES OF NURSES at THIS TIME.

(5) RICHARD KEARNEY

(6) STAN TAYLOR

(7) MICHAEL DELOU

(8) CARL DANBURG

**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? • Yes • No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No

C. If your answer to "B" is Yes:

1. What steps did you take? S.C.I MEDICAL GRIEVANCE

procedure AND APPEAL

2. What was the result? JILL MOSSER, Decided to TAKE away my (K.O.P MEDS). AND TO HAVE ALL MEDICATIONS NURSE ADMINISTERED, this did not solve Lapse of medication problem,

D. If your answer to "B" is No, explain why not:

**III. DEFENDANTS (in order listed on the caption)**

(1) Name of first defendant: Correction Medical Services

Employed as Health care providers at Sussex Correctional Institution

Mailing address with zip code: C.M.S 12647 Olive Boulevard  
St. Louis, MO 63141

(2) Name of second defendant: Medical Will NOT Disclose NAME D

Employed as Med Reordering Nurse at Sussex Correctional Institution

Mailing address with zip code: P.O. Box 500  
Georgetown, DE 19947

(3) Name of third defendant: JILL MOSSER

Employed as Medical, STAFF at SUSSEX Correctional INSTITUTION

Mailing address with zip code: P.O. BOX 500

Georgetown, DELAWARE 19947

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

**IV. STATEMENT OF CLAIM**

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Medication reordering Nurses failed to obtain MEDICATION's for life threatening disease treatment ON these following DATES: 9-13-05 to 11-29-05 ALL MEDICATIONS from 10-05-05 to 11-28-05 ALL MEDICATIONS from 12-19-05 to 1-11-06
2. JILL Mosser, FALSIFIED written Statement on Medical Grievance form # 585, and took away MY KOP MEDICATION (Keep. On. Person), WHICH did not Change Lapses IN medications prescribed. This Was at Medical Grievace Hearing on 1-12-06.
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. RELIEF**

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would like my prescribed medications at Their prescribed Days and times without Lapse's.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I would like to be compensated for any lost work pay on all grievances filed due to lapse of medications or and compensated equal to Hourly wage IF Fired from job Due to lapse IN medications until I obtain job of equal Hourly wage.
3. My life was put in jeopardy Numerous times. I would like C.M.S to compensate me IN the amount of \$760,000.00, IN which I could of made IN a Life time.

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10<sup>th</sup> day of JANUARY, 2008.

William Edgar Hartman  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

TO CLERK US DISTRICT COURT  
MAIL BOX 18  
844 N. KING STREET  
WILMINGTON, DELAWARE  
19801

U.S.  
MAIL  
REG

JIN. WILLIAM HARRIS BLDG. MEC-B  
SUSSEX CORRECTIONAL INSTITUTION  
P.O. BOX 500  
GEORGETOWN, DELAWARE 19947